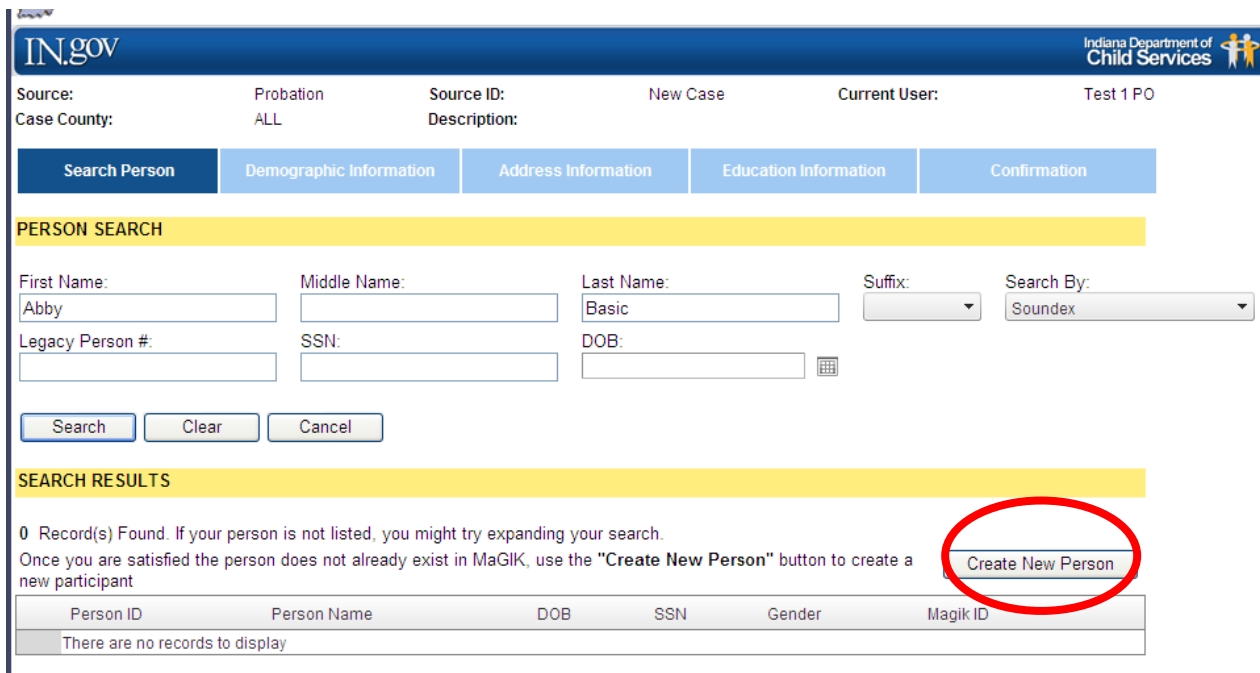
	INDIANA DEPARTMENT OF CHILD SERVICES PROBATION SERVICES MANUAL	
	Chapter 1: Services	Effective Date:
	Section 2: Create a Case	Version: 1

PROCEDURE

A case can be created by clicking on “Create a New Case” in the lower, left corner of the expanded demographics box or by completing the process of creating a new person profile for the focus child. If the search function returns a match, click on the “+” sign next to the Person ID number, then on “Create A New Case.” If the search results do not return a match or returns “There are no records to display,” click “Create New Person” (see image below). Either of these actions will initiate the Person Wizard which begins with the “Demographic Information” page. For person profiles that already exist, information can be verified and/or edited. If creating a new person profile, the information will need to be entered.



The screenshot shows the IN.gov Probation Services Manual interface. At the top, there is a header with the IN.gov logo and the Indiana Department of Child Services logo. Below the header, there are tabs for Source, Probation, Source ID, New Case, Current User, and Test 1 PO. The main content area is divided into sections: Search Person, Demographic Information, Address Information, Education Information, and Confirmation. The Search Person section is active, showing a search form with fields for First Name, Middle Name, Last Name, Suffix, Search By, Legacy Person #, SSN, and DOB. The Search Results section shows 0 Record(s) Found. A red circle highlights the "Create New Person" button in the Search Results section.

The “Person Wizard” includes four sections: Demographic Information, Address Information, Education Information and Confirmation. The PO moves through the sections by clicking “Previous” or “Next” at the bottom of each section. **Data is not saved until the PO clicks “Save” on the Confirmation section.** The “Save” function creates the case.

Demographic Information

Required information has a red * by the data field. Validation messages will appear if these fields are not completed and will not allow the user to move to the next screen.

Search Person	Demographic Information	Address Information	Education Information	Confirmation
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DEMOGRAPHIC INFORMATION

First Name:*	Middle Name:	Last Name:*	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:	SSN Verification:		
<input type="text"/>	<input type="text"/>		
DOB:*	Age:	DOB Verification:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender:*	Citizenship Status:*	Is Hispanic?:*	Race:*
<input type="radio"/> Female	<input type="radio"/> US Citizen (by birth)	<input type="radio"/> Declined	<input type="radio"/> Unknown <input type="radio"/> Declined
<input type="radio"/> Male	<input type="radio"/> US Citizen (naturalized)	<input type="radio"/> No	<input type="checkbox"/> American Indian or Alaskan Native
<input type="radio"/> Unknown	<input type="radio"/> Qualified (Legal) Alien	<input type="radio"/> Unknown	<input type="checkbox"/> Asian
	<input type="radio"/> None	<input type="radio"/> Yes	<input type="checkbox"/> Black or African American
	Citizenship Verification:*		<input type="checkbox"/> Native Hawaiian or Other or Pacific Islander
	<input type="text"/>		<input type="checkbox"/> White
Was child adopted, ever, in any state?:*		If yes, how old were they?:	
<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>	

PHONE INFORMATION

Home:	<input type="text"/>
Cell:	<input type="text"/>
Work:	<input type="text"/>
Other:	<input type="text"/>

- **First Name/Last Name** – use the person’s legal name, no nicknames. If there is a suffix (i.e., Jr, Sr, III), please select.
- **SSN** – is not required, but if it is entered, verification must be selected from the drop-down options
- **Date of Birth** – is required and an age will be calculated and populated into the “Age” field. Verification must be selected from the drop down. For youth who are in placement, it is recommended that the PO obtain a birth certificate or hospital certificate.
- **Gender** – required
- **Citizenship Status** – is required and there are four options. The verification options will vary based on the status selected, but no verification is required if “None” is selected. For youth who are in placement, it is recommended that the PO obtain a birth certificate or hospital certificate.

- **US Citizen (by birth)** – these are persons born within the United States or its territories OR a person born outside the United States who has at least one parent who is a US citizen.
- **US Citizen (by naturalization)** – these are persons who are citizens of foreign countries, but have been granted U. S. citizenship status after fulfilling federal requirements.
- **Qualified Legal Alien** – these are persons who have been granted legal access to the U. S. as a legal, permanent resident, refugee or for asylum. Persons with temporary tourist, student or work visa and with Temporary Resident Cards (INS Form I-688) are not qualified legal aliens.
- **None** – persons who are not U. S. citizens or qualified legal aliens. There is no verification needed if this selection is made.
- **Hispanic Origin** – is required and there are four response options.
- **Race** – required. If “Unknown” or “Declined” is selected, no further information can be entered. User may select multiple races.
- **Was Child Ever Adopted?** If answer is “No,” no additional data is required. If answer is “Yes,” indicate the age of the child at time of adoption. Select one of the following choices:
 - Less than two years
 - 2 – 5 years old
 - 6 – 12 years old
 - 13 or older

Phone Information

Phone numbers – home, cell, work or other – may be added for the person. These numbers are not for the household, but particular to each person. Service referrals will display a phone number for each case participant included on the referral. However, if multiple numbers (home, cell, etc.) are entered for a person, the referral will only display one of those. It is recommended that POs enter only one number for each person – the number at which the person is most likely to be reached or where a message can be left.

Address Information

For a service case, the youth’s household address should reflect where the youth is physically residing. This is the address that will populate into the service referral so that the provider knows where the family can be contacted.

For a placement case, the youth’s household address should be the home from which the youth was legally removed. This address may not be the same as where the youth was physically residing just prior to being detained and removed. For example, if a child was staying with grandparents, but his mother retained legal custody, he is considered to be removed from mother and the household address needs to be where mother lives.

This legal removal household address is critical for purposes of determining eligibility for reimbursement under Title IV-E.

In KidTraks, it is possible to change the youth's household address during the course of the case. Each address will have an associated "begin date," but only the current address will be displayed.

[Search Person](#) [Demographic Information](#) **Address Information** [Education Information](#) [Confirmation](#)

ADDRESS INFORMATION

If youth is being placed please enter the address from which the child is legally removed. If this is a services only case, please enter the address at which the services will be provided.

Zip Code:

Or

Select a known address:

Address:*

City:* State:* Postal Code:

County: Country: Begin Date:*

What is the Family Structure of this household?-*

- **Zip Code** – by entering the zip code of the household address and selecting “Find Zip”, the city, state, postal code and county will auto-populate. Otherwise, each data field can be individually completed.
- **Address** – enter the street address for the youth's household; city and state are also required.
- **County** – the drop down displays only Indiana counties, so if the state is other than Indiana, the county field will be blank.
- **Begin Date** – indicate the first date that the youth resided at this address, if it is known. **If the date is not known, use the first day of the month in which the service referral will start (for service cases) or the first day of the month in which the child was detained/removed (for placement cases).**
- **Family Structure** – refers to the marital relationship of the parent(s)/adult(s)/caregiver(s) who head the household at this address. The drop-down choices include: married couple, single female, single male and unmarried couple. If the youth's parents are married, but residing at separate addresses and the youth is only residing with one of them, use “single female” or “single male.”

School Information

School information is not required for a service case, but is required for placement cases. Education information can be entered in the Person Wizard, but if it is not, the PO will be prompted to do so when the youth's first placement is entered. If “Yes” is selected to the question “Is the child in school?” the data fields will be enabled.

[Search Person](#)
[Demographic Information](#)
[Address Information](#)
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[Confirmation](#)

EDUCATION INFORMATION

Is the child in school?:
☐ Yes ☐ No

Previous

Next

Case Education

School Information

County:*
 School Name:
 If Other, please enter description:

Status:*
☐ Full Time
☐ Part Time

Grade:*

Begin Date:*
 End Date:

Save

Clear

Cancel

- **County** – select the county of the school’s location where the child is attending. If the youth is from out-of-state, leave the county blank.
- **School Name** – a list of private, public, charter and alternative schools in the selected county will appear in the drop down. This list is updated yearly by the Indiana Department of Education. If the school is not available from the drop down list or this is a youth who resides out-of-state, leave this field blank and type the name of the school in the text field “If Other, please enter description”.
- **“If Other, please enter description”** – “Other” may be out-of-state schools, “home schooled,” schools associated with a residential facility or any other school that does not appear in the School Name drop down.
- **Status** – select “Full” or “Part-time”
- **Grade Level** – select from the options listed
- **Begin date** – enter the first day that the child began attending the selected grade level for this school
- **End date** – enter the last day that the child attended the selected grade at this school.

Confirmation Page

After all data has been entered for the person, the confirmation page provides a summary for review (see image below). At this point, data has not been saved and may be edited. Clicking on the blue “Edit” on any of the bars – Demographic, Address or Education Information – will take the user back into that screen where data can be newly entered or modified. Follow the “Next” buttons at the bottom of these screens to return to the confirmation page.

The youth’s information is not saved until the “Save” button in the lower right hand corner is clicked – **exiting this page prior to clicking the “Save” button will delete all data**

Demographic Information	Address Information	Education Information	Confirmation
DEMOGRAPHIC INFORMATION Edit			
When did this person become a case participant?:*			
First Name:*	Abby	Middle Name:	Last Name:*
SSN:	314582231	SSN Verification:	Social Security Card
DOB:*	7/1/1997	Age:	15
Gender:*	Female	Citizenship Status:*	US Citizen (by birth)
		Citizenship Verification:*	Birth Certificate
Was child adopted, ever, in any state?:*	No	If yes, how old were they?:	
Home:	Cell:	Work:	Other:
ADDRESS INFORMATION Edit			
Address:*			
City:*	Richmond	State:*	IN
County:	Wayne	Country:	USA
Postal Code:		Begin Date:*	1/1/2013
What is the Family Structure of this household?:* Married Couple			
EDUCATION INFORMATION Edit			
Is the child in school?: No			
Previous		Save	

After saving the person data, the user is returned to the Case Information page and the youth will appear in the "Case Participants" grid. The case and the person have been created.

IN.gov
Indiana Department of Child Services
Monday, June 03, 2013
CASE: - Basio Abby
Action: Add New Service Referral Go

Case Information
Services
Placements
Attachments
Notifications

CASE PROFILE:
Case ID: 100000231722
Case Type: JD/JS
Status: Open
Caseworker: PO, Test 1
Caseworker Email: MyEmail@PO.com
County: ALL
Start Date: 5/30/2013
End Date:
ICWIS ID:
MaGIK ID: 10000180755
Case Email: 9052451a-c978-11e2-95f2-b844e3ae113c@mail.usat.in.mycasebook.org

QUICK LINKS:

- State Contracted Interpreter Services
- Provider Service Guide Select Location Go
- Crisis Response Guide Select Location Go
- 2012 DCS Residential Guidebook 2013 DCS Residential Guidebook
- Service Locator
 - County: ALL Go
 - Service:

CASE PARTICIPANTS: Add Case Participants

Person ID	Person Name	Relation	Birth Date	Age	Bx CANS	PLCM CANS	CANS Complete Date	Focus Child	Household	Care Giver	Involvement	Eligibility Review
2155977750	Basio, Abby	Self	07/01/1997	15	0	Unknown		Yes	Yes	No	JD/JS	Edit X